



7. Type of business (circle one);    Proprietorship    Partnership    Corporation    LLC    LLP

(a) If proprietorship, give name, residential address and telephone number of owner:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) If partnership, give name and residential address of each partner and designate managing partner or partners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) If corporation:

(1) Domestic (Tennessee) - provide copy of Charter and any amendments:

(2) Foreign (out-of-state) corporations - provide copy of a Certificate of Authority stating agent for service of process.

(3) List name, address, and title of officers, directors, and any/all persons or entities owning more than five percent (5%) of outstanding shares of stock issued by the corporation on the "Stockholders Information Update" form. Form supplied with this application packet.

8. Have you ever filed for bankruptcy? If so, when and under what name:\_\_\_\_\_

\_\_\_\_\_

9. All facilities must be manned and open during reasonable business hours. State what days per week and hours per day this business will be open.

\_\_\_\_\_

10. Has any application for a motor vehicle dealer or dismantler and recycler license ever been denied, revoked or suspended in this or any other state? \_\_\_\_\_If yes, explain below what precipitated the decision and attach any/all relevant documents. (Yes or No)

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

11. Proof of liability insurance with a minimum coverage of \$60,000 and evidence of Worker's Compensation (if applicable) must be provided by a Certificate of Insurance. This insurance must remain in force for as long as the licensee is licensed. The Tennessee Motor Vehicle Commission, at the address on the cover page, must be shown as the certificate holder.

**I hereby certify that the statements in, or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made, and that I, as proprietor, partner, or officer of the corporation, have authority to make the statements contained here.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Authorized Signature)

Title: \_\_\_\_\_

(Print or Type)

\_\_\_\_\_

(Print Authorized Signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_ My commission expires: \_\_\_\_\_

(Notary Public)

**Mail application, attachments, and fee to the TENNESSEE MOTOR VEHICLE COMMISSION, 500 JAMES ROBERTSON PARKWAY, SECOND FLOOR, NASHVILLE, TENNESSEE 37243-1153.**

**CHECK LIST OF ATTACHMENTS TO APPLICATION:**

☐ Copy of Zoning Letter

☐ Copy of NPDES Permit

☐ Copy of Municipal Business Tax license, if applicable

☐ Copy of TDOT beautification letter

☐ Copy of Stockholders Update, if applicable

☐ Copy of Field Investigators Inspection Form

☐ Copy of State Sales Tax Certificate of Registration

☐ Copy(ies) of Financial Disclosure

☐ Copy of County Business Tax License, if applicable

☐ Copy of Conviction Record, if applicable

☐ Certificate of Liability

☐ Copy of corporate charter, if applicable